

# Equality Impact Assessment (Stage 1)

**This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.**

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

**Question 1: Title of Policy, Strategy, Redesign or Plan**

CESR Fellowship Programme

**Question 2a: Lead Assessor’s details**

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**Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?**

Lomond Project Forum

**Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.**

<b>Aim</b>	<p>To recruit international psychiatrists different middle grade jobs with in-built support to work towards inclusion in Specialist register with GMC.</p> <p><b>TARGET DOCTORS-</b> Doctors from outside UK with primary medical Qualification from medical institute which is recognised by GMC standard. The Candidate should have at least 3 years of post-graduate qualification in psychiatry and in clinical practice for last 12 months.</p> <p><b>APPOINTMENT-</b> By an open, transparent and competitive process. This includes an assessment of candidates’ portfolio presentation and clinical skills.</p> <p><b>JOB-</b>Should allow exposure to various clinical settings which allow the candidate to cover the curriculum. There should be opportunities for audit/Quality improvement, psychotherapy,</p>
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	<p>teaching, training and involvement in clinical Governance.</p> <p><b>PROCESS OF APPOINTMENT-</b> Clearly auditable trail of advertising the posts with a proper job description followed by a competitive interview which has elements of clinical skill assessments and portfolio presentation. Doctors also need to convince interview panel that they have basic knowledge of CESR process and they are committed to a CESR application and the reasons for choosing this route.</p> <p><b>DURATION OF THE PROGRAMME-</b> At least 2 years subject to a satisfactory progression with possibility of extending to 3 years if needed. The doctor may be given a rotation with placements of at least 6 months duration similar to a training rotation, or a specific job with special interest sessions and secondments which help to cover the needs of the curriculum being applied against.</p> <p><b>CONTENT OF THE PROGRAMME-</b> Following successful appointment discussions between appointed CESR fellow and a CESR tutor/educational supervisor should take place to develop a bespoke programme based on the assessment of the individual's specific strengths and needs. This should include:  <ul style="list-style-type: none"> <li>• A bespoke learning plan</li> <li>• Regular Clinical and Educational Supervision</li> <li>• Opportunities to gain experience of working in specific clinical placements as needed following review of the individual's work experience against Specialty Curriculum requirements.</li> <li>• Modular components covering Clinical and Communication skills, Teaching, Research, Psychotherapy, Leadership and Management and Clinical Governance.</li> </ul>           The programme will include opportunities to work in specific clinical areas depending on the individual's needs.            There will be appropriate scope for psychotherapy, audit/quality improvement, research competencies, and clinical governance. A special interest opportunity of at least 2 SPA, preferably as a single special interest day would be accommodated the job description.</p>
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#### Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p><b>Age -</b> <i>think: children and young people, adults, older age etc.</i></p>	<p>All prospective applicants are of working age (18-65) however there is no anticipated negative impacts due to this characteristic.</p>
<p><b>Disability –</b> <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>All applicants will be required to undergo a thorough occupational health assessment to establish and understand any pre-existing medical conditions or disabilities. This enables NHS Fife to implement any necessary reasonable adjustments and mitigate any potential negative impacts. Managers will also be appropriately trained to accommodate any applicant's necessary reasonable adjustments.</p>

<p><b>Race and Ethnicity –</b>  <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i>  <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i>  <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Mitigations are in place in NHS Fife to reduce any racism and discrimination based on ethnicity. Mitigations include emotional support, reporting methods and appropriately trained line managers. Additional training may be offered to on-boarded staff on how to manage instances of discrimination, racism, micro-aggression and cultural competency.</p> <p>Shared learning from the international recruitment Nurse program will be used to enhance the experience of these staff joining NHS Fife from overseas.</p>
<p><b>Sex –</b>  <i>think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>Applicants and on-boarded staff will be treated equally, regardless of sex.</p> <p>Specific training regarding Gender-based violence and related matters will be delivered to all on-boarded staff and line managers will also have completed this training.</p>
<p><b>Sexual Orientation -</b>  <i>think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>There is potential positive impact of this project on staff who identify as LGBT+ as they may be moving from a less open and liberal society where LGBT status is less widely accepted. Training will be offered to all on-boarded staff on what to expect in NHS Fife in relation to LGBT+ rights and relevant policies.</p>
<p><b>Religion and Belief -</b>  <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i>  <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>NHS Fife has policies in place that encourage religious freedom and all on-boarded staff will have these highlighted to them, ensuring they have an understanding of their rights as NHS Fife employees. There is no anticipated negative impact on any applicant due to their religion or belief.</p>
<p><b>Gender Reassignment –</b>  <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i>  <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i></p>	<p>On-boarded staff will receive training on Trans awareness and rights. Additional training will also be given to staff to ensure they are aware of local policy and guidance referring to Gender Identity clinics.</p> <p>For any on-boarded staff who identify as Trans or gender non-conforming, this project may positively impact them by enabling them to live and work in a society that widely accepts Trans people.</p>
<p><b>Pregnancy and Maternity –</b>  <i>Note: Pregnancy is the condition of being</i></p>	<p>NHS Fife has a maternity/paternity policy which will positively impact on-boarded staff.</p>

<p><i>pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	
<p><b>Marriage and Civil Partnership –</b></p> <p><i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>There are no anticipated negative impacts relating to marriage and civil partnership status.</p> <p>On-boarded staff will be supported in bringing their spouses/families over to the UK to promote a healthy work-life balance and encourage staff wellbeing.</p>

**Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.**

This CESR Fellowship scheme has been guided by a paper by RCPsych on how to run a CESR Fellowship scheme.

[https://www.rcpsych.ac.uk/docs/default-source/members/cesr/guidance-for-cesr-fellowship-schemes-10-2020.pdf?sfvrsn=d6959675\\_2](https://www.rcpsych.ac.uk/docs/default-source/members/cesr/guidance-for-cesr-fellowship-schemes-10-2020.pdf?sfvrsn=d6959675_2)

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?**

(Please tick)

Yes		No	X
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

*Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?*

Mechelle Sinclair-Forrow, NHS FIFE HR Advisor was consulted and advised there are no negative impacts anticipated for this project. The roles will be advertised both nationally and internationally.

**Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.**

*Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.*

**Conclusion Option 1: No further action required**

*Where no negative impacts or potential for improvement is identified, no further action is required.*

No stage 2 EQIA required.

N/A

**Conclusion Option 2: Adjustments Made**

*Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.*

No Stage 2 EQIA required

All potential impacts identified above have mitigations implemented as described.

**Conclusion Option 3: Requires Further Adjustments**

*Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.*

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

N/A

**Conclusion Option 4: Continue Without Adjustments**

*Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.*

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

N/A

**Conclusion Option 5: Stop**

*Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.*

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

N/A

**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.**


If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at [fife.participationandengagements@nhs.scot](mailto:fife.participationandengagements@nhs.scot) to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

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